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Bib Data Sheet

CONFIRMATION NO. 3732

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| SERIAL NUMBER 10/566,226 | FILING OR 371(c) DATE 01/27/2006 RULE | CLASS 604 | GROUP ART UNIT 3767 | ATTORNEY DOCKET NO. S2082/20003 |
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APPLICANTS

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** CONTINUING DATA *****

This application is a 371 of PCT/IB04/51319 07/28/2004 which claims benefit of 60/491,196 07/31/2003
and claims benefit of 60/519,724 11/14/2003 *

(*)Data provided by applicant is not consistent with PTO records. *ok LCS*

** FOREIGN APPLICATIONS *****

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **

06/20/2006

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|---|--|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY PA | SHEETS DRAWING 17 | TOTAL CLAIMS 18 | INDEPENDENT CLAIMS 2 |
| Verified and Acknowledged | <i>Laura Schell LCS</i> Examiner's Signature Initials | | | | |

ADDRESS

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TITLE

Syringe with automatically triggered safety sleeve

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| FILING FEE RECEIVED 450 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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